

BELLARMINE UNIVERSITY  
IN VERITATIS AMORE

**REQUEST FOR CERTIFYING PROFESSIONAL’S DOCUMENTATION  
for an EMOTIONAL SUPPORT ANIMAL (ESA)**

The student below has requested an Emotional Support Animal (ESA) in their residence hall. You were identified as the professional (physician, psychiatrist, psychologist, therapist) who has been/is currently treating the student and are thus able to provide *objective findings* that clearly specify an established nexus between the individual’s disability and the support the animal provides. This will assist the University in its decision whether to waive its no pets policy considering the Housing and Urban Development’s (HUD) regulations regarding assistance animals in residential dwellings. We accept documentation from providers in the Kentucky or the student’s home state, only. So that we may better evaluate the student’s request for this accommodation, please answer the following questions (questionnaires not filled out completely will result in a delay in processing and a potential denial of the student’s request). Please note that letters purchased over the internet based on limited contact between a student and provider in a relationship begun for the sole purpose of obtaining ESA documentation, do not provide the information necessary to support the request for the accommodation. Our full Service and Assistance Animal Policy can be found on our website <https://www.bellarmino.edu/studentaffairs/accessibility-resource-center/>. PLEASE WRITE LEGIBLY.

**Student Consent to Release Information:**

**STUDENT, please sign this form before providing it to your mental health provider**

By signing below, I consent to allowing my mental health provider to share any information relevant to my need for an Assistance Animal as an accommodation, as shown on this form, with staff from the Accessibility Resource Center for the next 60 days.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Information:**

Student’s Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Today’s Date: \_\_\_\_\_

1. What is the student’s medical or DSM-5 diagnosis? \_\_\_\_\_

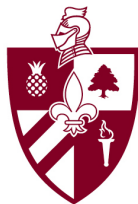
2. Please describe the symptoms of this diagnosis.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. In your professional judgement, is this diagnosis disabling to the student? YES NO

4. If yes, how does the disability substantially limit life activities for this person? <sup>1</sup>

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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5. Does the student require ongoing treatment for this diagnosis? YES NO
6. If yes, please describe a documented history of the diagnosis along with prior and current treatments and frequency:

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7. In what way(s) does the student's condition substantially limit their ability to benefit fully from university housing? (*Please identify impairment(s) in functioning specifically related to residential living.*)

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8. Initial date of contact with student: \_\_\_\_\_
9. How often did/do you meet with the student (weekly, monthly, or other)? \_\_\_\_\_
10. If contact has ended, what was the last visit? \_\_\_\_\_

**Information about the Proposed ESA:**

Please note that there are some restrictions on the kind of animal that can be approved for the residence halls; it is possible the student may be approved for an Assistance Animal, based on the information you provide here, but may not be allowed to bring the specific animal named.

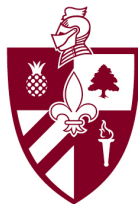
1. Animal's name (if known): \_\_\_\_\_
2. Type of animal: \_\_\_\_\_
3. Animal's age:      Baby                  Young                  Adult                  Aging
4. Is the animal housebroken or trained to a litter area?      YES      NO
5. Is the animal under the student's complete control?      YES      NO

If 'No', please explain why:

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6. Is the animal the student's or the family's pet?      YES      NO      OTHER: \_\_\_\_\_
7. Is the animal a prescribed part of ongoing treatment for the student?      YES      NO



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8. Please describe the specific symptoms you believe will be reduced by the ESA that cannot be as easily obtained through other means (e.g., therapy, medication, etc.)?

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9. What evidence can you provide that an ESA has helped this student in the past or currently?

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10. In your opinion, how important is it for the student's well being that the ESA be in residence on campus?

Unimportant     Mildly Important     Moderately Important     Extremely Important

11. What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

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12. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing?    YES    NO    OTHER: \_\_\_\_\_

13. Could those additional responsibilities exacerbate the student's symptoms in any way?    YES    NO

If 'Yes', please explain:

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**Provider Information:<sup>2</sup>**

Name (print): \_\_\_\_\_

Professional Title or Role:

Therapist    Psychologist    Psychiatrist    Physician    Other: \_\_\_\_\_

License #: \_\_\_\_\_ State: \_\_\_\_\_

Signature: \_\_\_\_\_

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. The named student has signed this form indicating written permission to share additional information with us in support of the request.

<sup>1</sup>The ADA defines a disability as "a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment" ([www.ada.gov/guide.htm](http://www.ada.gov/guide.htm)) <sup>2</sup>The University reserves the right to contact professionals at a later date with further questions.